

| POSITION                         | INITIALS                 | ID NO.                      | DATE                                |
|----------------------------------|--------------------------|-----------------------------|-------------------------------------|
| <b>FEE DETERMINATION</b>         |                          |                             |                                     |
| <b>O.I.P.E. CLASSIFIER</b>       |                          |                             |                                     |
| <b>FORMALITY REVIEW</b>          |                          |                             |                                     |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>H.S</i><br><i>A.M</i> | <i>866</i><br><i>5C 580</i> | <i>09-30-001</i><br><i>06-01-01</i> |

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Date            |
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| 1     | <i>09/07/01</i> |
| 2     | ✓               |
| 3     | ✓               |
| 4     | ✓               |
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| 7     | ✓               |
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If more than 150 claims or 10 actions  
staple additional sheet here

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2  
2/20/01